



UTERINE DISEASES.

Since practical medicine has been recognized as a distinct profession, no one branch of it has occupied more attention than has the treatment of uterine diseases during the last twenty-five years. In private practice, in hospitals, in medical colleges, and in office instruction, it has been and still is the prominent consideration. The rage for innovation has enlisted mechanical enterprise extensively in the construction of new instruments, and men ambitious of fame and fortune have found the invention of such instruments a successful means of advertising themselves to the public. The topical treatment of these diseases especially has become the primary object of study, and medical students seek to qualify themselves for its application even before they have learned the anatomy of the organs disordered. No woman now suffers a disturbance of the menstrual function without being deemed a fit subject for manipulations which a few years ago would have been revolting to the sensibilities of any respectable female.

Various and startling are the innovations made of late years in this branch of medical practice; and a degree of enthusiasm has prevailed in regard to them almost precluding inquiry as to results. But, we may well ask, are women more sound and healthy now than they were fifty years ago? Do the asylums for the insane present evidences that the female mind has been in any degree relieved of those peculiar excitements which cause insanity? Are those who are most subject to the new treatment more prolific than others? These questions must be answered in the negative; and the conclusion is inevitable that the innovations made in treatment are not attended by benefits which afford compensation for the demoralizing influences resulting from them. It may be curious

to conjecture what would be the consequence could certain other great organs of the body, such as the liver and kidneys, be brought with equal facility under inspection and topical treatment. How would not these organs be punished for their faulty secretions and congestions, and especially for their production of calculi!

Denied all access to these organs with our curiously contrived surgical appliances, we are fortunately compelled to adhere to the use of internal remedies, and to study the operation of those which exercise a specific influence over the organ diseased. While we were thus mainly restricted in the treatment of uterine diseases by the precepts and examples of leading physicians, we met, I am sure, with better success, and the natural functions of the genital organs were less disturbed and perverted by the rudeness of digital and specular examination. Vicious knowledge and practice were then less common, and the natural restraints of modesty more approved. Women were in general more content with the operations and requirements of nature, and proportionally less liable to provoke uterine disorder by indiscretion.

So gentle are the phenomena of the uterine functions in health that women are scarcely aware, from any sensations they experience, of the existence of this important organ, but they are exceedingly sensitive to pathologic changes. When disease occurs, diagnosis is not more difficult without tangible or ocular inspection than in cases of other organs not subject to such inspection or examination; and it may well be doubted whether the use of such means does not in many cases lead to sad mistakes. Little information in regard to the condition of the body of the uterus and its lateral appendages can be obtained by a mere examination of the os and the vagina, either with or without the speculum, and it is very often true that more reliable information can be obtained from the communications of the woman herself. She is not an unapt judge of the character of the disease from the effects of which she suffers, and the physician experienced in such matters can not be slow to comprehend her meaning when she describes it in her own language.

Physiologic hyperæmia and hypertrophy of the uterus—conditions of monthly occurrence, and in cases of pregnancy of extraordinary development—pass, under certain morbid influences, into the corresponding pathologic states, and give rise to displacements; then come as consequences of such disorder the morbid secretions, so prolific of discomfort, excessive or deficient menstruation, hemorrhages, thickening of the mucous tissues, and closure, either partial or complete, of the cervical channel. Ocular inspection shows more or less inflammation of the os and relaxation of the vaginal walls, accompanied by catarrhal secretions, as in the excitements of mucous membranes in other cavities, the closest analogy being with those of the nasal passages and throat. These are natural consequences of this primary pathologic condition of the uterus and its appendages, the treatment of which was formerly almost exclusively constitutional and not topical. Now all is changed, and the physician who does not in such cases resort to the use of the speculum, pessary, cauterization, injection, and occasionally the knife, scissors, and ecraseur, is believed to be behind the times, and deficient in knowledge and skill. Women have been so successfully educated in regard to the modern system that few of them expect any other than topical treatment, to which they cheerfully submit, and to which, more strangely, mothers submit their unmarried daughters. It is the fashion of the times, and the demoralizations resulting are indisputable. From my own observations, extending over a period exceeding half a century, this class of diseases is less successfully treated now than formerly, and I am meeting with cases daily which find relief by the substitution of constitutional for local treatment. Exception must be made in regard to fistulous ulcers; but the ablation of certain portions of the os uteri, incisions of the cervix, and intrauterine medications can hardly be justified by any successes reported.

All observation, I think, shows that diseases of the uterus are not more, or more justly to be considered, local in their character than diseases of the liver, and certainly that they are not less amenable to general or constitutional treatment.

The diseases of both organs are often inaugurated and intensified by nervous irritations and symptomatic derangements not easily understood, but differing widely in their character, and admitting of easy diagnosis. This being done, the first thing to be considered in determining the indications of cure, in both cases, is not what applications shall be made to the organs themselves, but what shall be done for the restoration of the system as a whole to its normal condition. Without this the healthy functions of important organs can not be reëstablished. That mysterious movement, periodicity, is often one of the difficulties to be overcome, and in uterine disease nearly always habitual constipation, frequently alternated by diarrhea. Indeed it may be presumed that in many cases the large intestines are primarily diseased, and that the uterus becomes involved from the intimate sympathy which exists between them, just as disorder of the kidneys closely follows that of the liver. The secretions connected with the digestive organs are always more or less disordered in all these cases, while the nervous derangements are often perplexing. Hysteria especially gives rise to anomalous symptoms in organs and localities so remote from the seat of irritation as to create difficulty in diagnosis, and the remedial measures may consequently be applied to the place of symptomatic suffering rather than the true seat of such nervous disturbance. But there is no morbid condition which is so common a cause and concomitant of uterine disease as habitual constipation. By an unnatural burdening of the large intestines with fecal matter their mucous lining becomes diseased, between which and the mucous membranes of the uterine organs there exists the closest sympathy, and the former can not be long disordered without creating corresponding disease in the latter. Indeed it is found to be true, as might be expected, that in course of time all the mucous membranes of the body become more or less implicated by sympathy, and, after those of the uterine organs, none are more likely to suffer than those of the bronchial tubes. This it is which gives rise to cough, so distressing to the victims of uterine and rectal diseases, and often ending in consumption.

These abnormal conditions are to be dealt with upon sound principles of practice, and the sooner they are brought under treatment the better are the chances of cure. I concur with the great mass of the profession in the opinion that mercury is the most valuable of all our remedies in exciting defective and in relieving morbid secretions. Upon the liver it is supposed to exercise a specific influence, but its operation upon the mucous tissues is scarcely less apparent and decided. For many years I have been in the habit of prescribing it for chronic diseases in doses of half a grain, and sometimes even in less quantity daily; and continuing it for weeks, sometimes months, and in a few cases for years. Opium is not given in combination with the calomel, for the reason that it is, in general, a restrainer of secretion, and especially in the organs of digestion. The liver and kidneys, so closely associated by nervous sympathy, are particularly subject to this torpifying influence of opium, while the salivary glands are always liable to come under the specific action of mercury when given in such combination. Objection may properly be made also to the combination of other cathartic remedies with the calomel, because of their action upon the bowels in unequal periods of time. There are many advantages indeed in the administration of calomel uncombined, whether given in large or in small doses, if we wish to secure its legitimate operation upon the secretions, and prevent its passing through the bowels undigested. Much of the popular prejudice against the use of this remedy arises from want of attention to this subject.

Aloes is the proper remedy to relieve the large intestines of their abnormal burden in habitual constipation, as it is the only one which, by specific and almost exclusive action upon the colon and rectum, excites the peristole of these viscera without much disturbance of healthy functions in other portions of the intestinal canal. Objections are sometimes made to it on account of some tendency it may be supposed to have toward the production or encouragement of hemorrhoidal affections; and sometimes also for the reason that a close sympathy exists between the rectum and the uterus, giving rise to emmenagogue effects; but neither of these objections

has any validity against its judicious use. Aloes of a good quality, given in aperient doses, is both preventive and remedial of hemorrhoids, by reason of its effects in restoring the healthy tone of the mucous membrane of the rectum, the loss of which from vicious habit causes this troublesome disease; and the emmenagogue effects of aloes are easily regulated by the dose. In a large majority of cases the proper rule to be observed in the administration of aloes in uterine or hemorrhoidal disease, one or both, is to so regulate the quantity to be taken daily, and always at night, as to cause only one action of the bowels the succeeding day. This affords the aperient stimulation required to supply the defect in the natural operation of the fecal accumulations, and it is in most cases all that is required in the way of catharsis. As aloes sometimes, even in small doses, causes pain, I have generally given it in the form of the pulvis aloes et canella, which generally obviates this difficulty; and it is no small advantage that aloes possesses over other cathartic remedies that the dose may be decreased as the habit of using it continues.

Upon making choice of an antiperiodic remedy, the arsenious acid is to be preferred to quinine, because the latter exercises a specific influence over the excitable uterus, causing an increased flow of blood to the organ, and often intensifying the morbid condition with which we have to contend. Its contra-stimulant effects are also distressing to women who are already suffering from a depression of nervous energy, and little benefit can be derived from any tonic effects that quinine may be supposed to possess. The arsenious acid is, on the contrary, an efficient and agreeable nerve-tonic and anti-hemorrhagic remedy, while its antiperiodic effects are certain and permanent in chronic disease. An important virtue of this remedy in uterine and intestinal diseases is the strong influence exerted by it over chronic congestion of the tissues, and especially over engorgements of the uterus itself. Asafetida too, a remedy so long and so favorably known, has scarcely come to be justly appreciated in the treatment of uterine derangements. It is of paramount importance in all forms of hysteria, a disease—if indeed it may

be called a disease—which appears in a greater variety of forms than any other, and which is often exceedingly difficult of cure without asafetida.

But the remedy which exerts a specific action upon the uterine organs, equal to that of mercury upon the liver, is bebeerina. I have tested its power in the practice of many years, and have found that hyperæmia and morbid hypertrophy of this organ, with their concomitants, are as much under the control of this remedy as the diseases of any other organ of the body are under that of any other remedy whatever. In conjunction with proper constitutional treatment, this specific remedy gives us great power over certain uterine diseases, and enables us to dispense with many of the painful and revolting operations to which reference has been made. Displacements due to morbid hypertrophy of necessity subside with the removal of the cause producing them, and so also do the catarrhal discharges, and other morbid secretions of the uterine cavity, the cervix, the vagina, including the much talked of bugbear of uterine surgery, the inflammation and ulceration of the os. All these are under the control of this and other remedies, properly administered, and with the enforcement of a too much neglected injunction—*hands off*.

I have thus briefly and hastily presented some objections to a very commonly received theory and practice; and in doing so I expect to share the fate of those who have set themselves in opposition to other favored systems which have flourished for a while, and have then been discarded and discredited forever. Theories of disease and of practice are thus all the while gaining credit, and being superseded by others; eliciting much truth, no doubt, but at the same time verifying the French maxim, which declares that “systems in medicine are idols to which human victims are sacrificed.” To attempt an enumeration of these would be to extend this article to an inconvenient length; but I may refer, for illustration, to the succession of the theories of fever, which have changed with almost every generation from the era of Hippocrates to the present. It has ever been unsafe for those who would enjoy the favor of the profession and the schools to question the

truth of prevailing systems; but the want of success in the treatment of certain uterine diseases by surgical and local remedies justifies some boldness, and may even excuse the expression of an opinion, entertained by many old physicians, that uterine diseases, excepting the removal of tumors and the healing of breaches of continuity, are treated less successfully now than forty or fifty years ago, and also that diagnosis has received little assistance from the use of the speculum, while the demoralizing influences of modern innovations are great, and can not be too often deplored and condemned.

Now, as it is the acknowledged duty of physicians to devise preventives as well as remedies for disease, I may be pardoned for making the suggestion here that much of the suffering of females from disorders of their organs of generation proceeds from a want of knowledge of the healthy functions of these organs, and of the penalties suffered for every unnatural disturbance of such functions; which are more certain and serious than are incurred by an abuse of other organs of the body. The proper remedy, as in other cases of ignorance and error, is intelligence. Girls who are just approaching or arrived at womanhood should receive instruction from qualified teachers of their own sex in regard to the anatomy and physiology of these organs, together with the difference between health and disease, and the facility with which, by neglect, imprudence, and indiscretion, the former may be exchanged for the latter. I often meet with women who have been inmates of boarding-schools, and also with working women, who declare that it has been common with them and their associates to pass days, and even weeks, without a movement of the bowels; which would scarcely be the case had they been informed of the serious consequences to be expected from such imprudence, often resulting in impaired health, and sometimes in premature death.

NEW YORK, OCTOBER, 1870.

PNEUMONIA.

Modern controversies in regard to the pathology and treatment of pneumonia have failed to satisfy the profession upon these subjects, and the discrepancy of views is scarcely less at the present time than at any former period. The idea of the existence of local inflammation in the thoracic viscera is indeed paramount; but whether it be symptomatic or idiopathic, whether principally parenchymatous or membranous, and whether accompanied by an elevated or a depressed condition of the nerve-power, have not been determined; nor have the origin and character of the primary cause been agreed upon. Of course the nomenclature remains unsettled also, and we continue to meet with descriptions of the same disease under different designations, having reference to the organs and tissues principally implicated. The treatment has been changed to suit the various theories from time to time prevailing, from the most heroic form of the antiphlogistic to the excitant, contra-stimulant, expectant, and homeopathic, with a frightful amount of fatality, direct and indirect, immediate and remote, in connection with all the plans adopted. The recent introduction of the adjective typhoid, rendered so formidable in French pathology, has caused much trepidation among physicians, and led to important innovations in practice; but whether these changes have been improvements may well be doubted when we find fatal congestion, effusion, abscess, and gangrene, with chronic bronchitis and ulceration of the mucous tissues, not less common than before. There is much reason to believe indeed that pneumonia is not more successfully treated now than formerly. Certainly there is such an amount of mortality from the disease, especially in large cities, as to justify the suspicion of the prevalence of a mistaken pathology.

In the investigation of this matter it must be considered that idiopathic inflammation of the vital organs is a rare disease. The stomach, so liable to abuse from indiscretions in eating and drinking, rarely ever takes on inflammation except as a lesion of fever. Physicians of large experience have met with only a few exceptions, and these have been mostly dependent upon the ingestion of poisons, the alcoholic poison being the most common, and upon uterine irritations. The same is true of the bowels, liver, kidneys, and brain. In a great majority of cases inflammation of any one of these organs is not an idiopathic affection, but a febrile lesion coming on only after the fever has continued through several successive paroxysms. So insidious are the attacks of fever leading to these local developments that no one is able to discover in their preliminary stage, from any peculiarity in the disease itself, what will be its prominent local lesion. Even cases of small-pox are liable to this difficulty in diagnosis, its peculiar eruption being the only certain test of its character. Before this makes its appearance, and during several days of preliminary disorder, we meet only with the phenomena of fever, which do not differ materially from those of fever originating from other causes than small-pox contagion. No physician ventures to make a positive diagnosis until the eruption appears upon the skin. The same is substantially true also of measles and scarlatina.

Where the yellow fever prevails, the disease in its inceptive stage is of a mild character, and calculated to deceive the most wary and skillful. For several days it is so like other forms of fever that diagnosis is impracticable. The patient suffers with pain in the head threatening cerebritis, in the spine and the limbs, and almost every part of the body excepting the one organ destined in due time to bear the burden of disease. Gastritis is the characteristic lesion; and when the symptoms of this disease appear there is to the experienced no further difficulty in the diagnosis. The stomach and its ailments claim almost undivided attention; and so it is of enteric and hepatic fever. It is the local lesion alone which gives character and name to the disease, and the

evidences of this are rarely among its early manifestations. Previously to its development there can be no good reason for treating the disease in reference to its actual character, except such as may be derived from a knowledge of the epidemic influences at the time prevailing. Of the nature of these nothing is known; but it is not to be doubted that when they direct morbid action to a particular organ, that organ must be the principal sufferer in all cases.

Now I hold that pneumonia is not an exception to these general rules, and that it occurs independently of the febrile condition, with scarcely greater frequency than the other local inflammations referred to. Common colds, so often the precursors of pneumonia, are equally the prodromes of other endemic and epidemic fevers. Yellow fever is especially liable to be initiated in this insidious form, encouraging a feeling of security until it is too late for successful treatment. In the South, and especially among the negro race, epidemic pneumonia is often more rapid in its course after the manifestation of local symptoms than other forms of fever; but in general the disease comes on slowly, and is in its initiatory stage more amenable to treatment and less fatal than in colder climates; but this depends upon the adoption of remedial measures at the proper time.

There is nothing peculiar in the preliminary stage of pneumonic fever. It begins with a chill, which is followed by febrile reaction, and sometimes a sweating stage, constituting a paroxysm. In general this is in the beginning of so mild a character as scarcely to attract attention; but after recurring several times, with a progressive increase in severity, it develops pneumonic inflammation as its proper local lesion. There is, of course, no more propriety in considering this a case of idiopathic pneumonitis, pleuritis, or bronchitis, than there is in calling yellow fever gastritis or bilious fever hepatitis. The pneumonic or intrathoracic inflammation is clearly a secondary affection, which never appears without the preliminary fever, except produced by local causes, such as the inhalation of acrid vapors.

Many old authors hold to this view of secondary effects;

and among those of modern times I may mention the names of Good, Broussais, Watson, Condie, Wood, and Bell. The last of these is in full accordance with all the rest when he describes the preliminary stage of pneumonia thus: "To-day the patient complains of gastric symptoms; to-morrow of a tendency to cerebral congestion; subsequently of rheumatic pains, until finally the pneumonia discloses itself." Every physician recognizes this as a just description of the initiatory stage of the disease, which may continue several days, and even for weeks, without a single indication that the thoracic viscera are to bear the burden of local disease. When we contrast these preliminary symptoms with those of yellow fever in the same stage, it is remarkable that gastric disturbance appears in the former and pulmonary congestion in the latter; thus increasing the difficulty in diagnosis and prognosis in both diseases at any time anterior to the establishment of the characteristic local lesion.

The above description of Dr. Bell is not better suited to pneumonic than to gastric, hepatic, or enteric fever. In the preliminary stage of all the only clue we have to the ultimate character of the disease is in our knowledge of the prevailing epidemic influence. The same is true also of the exanthematous fevers propagated by contagion. We must have some knowledge of exposure to the reputed cause to enable us to give even a plausible conjecture as to the character of the disease at any time before the eruption shows itself. In regard to treatment, happily this discrimination is not necessary, because the remedial measures for uncomplicated fever are substantially the same, whatever may be the character of the prevailing epidemic influences. It would be most unfortunate were it otherwise, as we are unable to discover in many cases what these influences are and whence they are derived.

In this as in all idiopathic fevers it is in the preliminary stage, and before the distinctive localizations are established, that curative measures are most effective. There are then no great local irritations to contend with; and, so far as can be observed, our patient suffers from fever alone, affecting

every part of the organism, and subject to diurnal intermission or remission, under an inexorable and inexplicable law. A chill is the invariable initiatory symptom, dependent upon some morbid innervation, causing temporary congestion in certain organs, and culminating in reaction or in death. In the former event the hot or febrile stage is inaugurated; in the latter the common report is "died of congestive chill;" a report which generally preserves the reputation of the attending physician from any serious injury. The object of all treatment in this stage of chill ever has been to bring about an early reaction, the violence and duration of which are apt to correspond with the violence and duration of the chill. The whole class of neurotic remedies, and many of the class of excitants, internal and external, have been used for this purpose, and with varying results; but the most efficient of all the old remedies was blood-letting, by a skillful use of which the congestion of chill was readily relieved, and the reaction or febrile stage inaugurated. In unskilled hands much mischief was formerly done with this remedy no doubt, as there is with every active remedy; but in ancient and almost universal practice, besides immediate relief, blood-letting gave an advantage in the subsequent treatment of great importance, rendering cases amenable to remedies which otherwise would not have been. The same is true of most if not all the forms of febrile epidemics which have prevailed in ancient and modern times. The black death and sweating sickness, the plague and small-pox, the cholera and yellow fever, which have been so fatal to mankind, and the cattle-plague and bovine fevers so destructive to brutes, all attest the value and importance of blood-letting in the treatment of their early stages.

The subsidence of the febrile paroxysm without the extinguishment of life opens the way for the application of antiperiodic remedies, by means of which, before the local lesions are formed, a return of the paroxysm may be prevented and the patient cured. This is sometimes called the abortive treatment; and the physician who applies it successfully deserves high commendation. But there is also

an abortive treatment by chloroform internally which, under favorable conditions, arrests the disease in the cold stage without reaction; and when this is done there is in general no returning paroxysm. To do this effectually it is necessary that the chloroform be given in the beginning of the chill, and in such dose as will produce sleep, which is the proper sign of its full physiologic influence; and the sleep thus produced must be prolonged by removing all causes of disturbance. Notwithstanding the great hypnotic power of chloroform in febrile congestion the patient is easily awakened; but while the sleep continues the congestion and chill are relieved, the circulation and heat equalized, and should the sleep continue for several hours the patient wakes cured of his disease. In children congestive chill is frequently productive of convulsions, which are relieved with equal certainty by chloroform administered by the stomach or rectum in hypnotic doses.

But in a great majority there is no opportunity, even were the skill provided, for a successful application of abortive treatment. After several successive paroxysms of fever, but without special signs of thoracic disorder, as described by Dr. Bell and others, pneumonia in due time becomes developed, while the periodic character of the disease remains, requiring not less imperatively than before the application of antiperiodic treatment. Of this treatment, now so well understood, I need not speak in detail; but it may be observed that it is from the periodic recurrence of congestive chill, however masked and obscure, that we have most to fear. It is at these periods of chill indeed that our patients suffer most from pulmonary congestion, and which sometimes results unexpectedly in sudden death. Chloroform internally, now happily the efficient substitute for blood-letting, still affords, as in all cases of congestion, the highest hope of relief. Besides this remedy thus properly timed, the antiperiodics, mercurials, febrifuges, and expectorants, with a moderate use of opium to calm nervous irritation, constitute the principal treatment.

When pneumonia prevails epidemically there is always

reason to apprehend that the morbid exaltation of vitality in the early stages may be somewhat suddenly followed by a progressive stage of collapse, when all treatment having a tendency to depress nervous energy becomes inappropriate. Quininism, so important for its antiperiodic effect, and often so useful in subduing morbid excitement, may become dangerous in collapse by its depressing influences, and therefore quinine should be given only in small doses during this stage. To compensate for this reduction the arsenious acid may be given in conjunction with quinine, or substituted for it; and this is sometimes desirable on account of the tonic power of the arsenic, and also in consideration of certain specific influences over the respiratory function.

Nutritious food becomes important in this stage of depression; but of course the patient is only benefited to the extent of perfect digestion. Sad mistakes are sometimes made by urging food upon the patient which not only can not be digested, but which must become a source of irritation and oppression, and cause a positive deterioration in digestive power. Alcoholic potations may also be allowable; but to make them useful care must be taken in regard to the quantity consumed, and that they be administered only when the stomach is supplied with suitable food. With these precautions alcohol may aid digestion; but the indiscriminate and almost unlimited use of it so often advised should be ranked among the gravest errors in modern practice. Iron and arsenious acid are more suitable tonics, and either one or both may be given without risk of ulterior injury. The former is especially useful when convalescence is accompanied by a tendency to anasarca, and the latter to overcome a lingering proclivity to periodic disease. Alcohol not only fails to accomplish either of these objects, but is favorable to the increase of both these concomitants of tedious convalescence.

The remarkable power of tartar-emetic in subduing febrile exacerbations, and all morbid exaltations of the vital forces, especially those in connection with pulmonary disease, renders it too valuable to be ignored in the treatment of pneumonia. Assisted by the nitrate of potassa, and by aconite

in suitable doses, and sometimes by cold-water enemata, this remedy exercises a degree of febrifuge-power not otherwise easily secured. Digitalis and veratrum viride may operate more promptly in reducing frequency of pulse; but tartar-emetic does more than this, equalizing the circulation, relieving congestion, exciting healthy secretion, and abating nervous excitability.

I can not trespass upon the Practitioner by a further discussion of the subject, but a few words may be added in reference to means of prevention. It has been well proved that the remedies for periodicity are also preventives of this mysterious morbid movement. The salts of quinia and the bark in substance have been mostly used for this purpose; but these have been found more or less injurious to nervous tone and to the process of digestion. The arsenious acid is therefore in general to be preferred, and used daily to ward off epidemic or endemic influences. The evidences of success are necessarily of a negative character; but when I consider the frequent exemption of certain families in southern cities, and of negroes upon large plantations, subjected to the use of such preventive measures in seasons of much sickness, and also the triumphs of these measures attained by English and American naval vessels cruising in the West Indies and on the coast of Africa, I can scarcely doubt the efficacy of quinine and arsenic, in conjunction with woolen clothing, in the prevention of febrile diseases.

MEMPHIS, TENN.